

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011346
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1511

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN O'FALLON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Length of stay in lb 89 DAYS	d. STREET ADDRESS (If outside, give location) 32 316 W 3RD. STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DELBERT G BERTRAM			4. DATE OF DEATH Month Day Year 2-9-58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-22-09		9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER		10b. KIND OF BUSINESS OR INDUSTRY O'FALLON LOCKER CO.		11. BIRTHPLACE (City and state or country) O'FALLON ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ALBERT BERTRAM		13b. MOTHER'S MAIDEN NAME MARY CORDING		14. NAME OF HUSBAND OR WIFE EMMA BERTRAM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2		16. SOCIAL SECURITY NO. 347-09-9628		17. INFORMANT Address VA HOSP RECORDS 915N GRAND ST LOUIS MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE LEFT LUNG WITH GENERALIZED METASTASES. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY .Hour Month, Day, Year g.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-12-57 to 2-9-58 and last saw him live on 2-9-58 Death occurred at 8:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Arthur J. Auer (Degree or title) M. D.			22b. ADDRESS VAH. ST. LOUIS, MO.		22c. DATE SIGNED 2-9-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Lake View Memorial Gardens		23d. LOCATION (City, town, or county) (State) Belleville Illinois
24. FUNERAL DIRECTOR ADDRESS P.W. Schildknecht O'Fallon, Illinois			25. DATE RECD. BY LOCAL REG. FEB 10 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOT EMBALMED

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *P. H. Schildknacht*

Illinois Licensed Embalmer No. 8549

P. O. Address *O'Fallon, Illinois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.